

TRANSMITTAL

Jupiter Environmental Services, Inc.
17 Warehouse Row
Albany, NY 12205

518-435-0700 Phone
518-435-0702 Fax

Attention
Firm Name

Environmental Protection Agency
Asbestos Control Bureau, 21st Floor
290 Broadway
New York, NY 10007-1866

From Bill Marggi
Date 7/29/16

Project Berkshire Maintenance Facility

Phone
Fax

Project No. 16-218

We are sending you:

Copies	Description
2	EPA notification

These are transmitted as checked below:

☒ For approval

☐ For your use

☐ As requested

☐ For review and comment

☐ Sign and return

☐ Return _____ Copies

☐ _____

☐ _____

EPA Notification of Demolition and Renovation

Operator project #	Postmark	Date Received	Notification #
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I. TYPE OF NOTIFICATION (O = Original R = Revised C = Canceled): **O**

II. FACILITY INFORMATION (Identify owner, removal contractor and other operator)

OWNER NAME: NYS Thruway Authority

Address: 200 Southern Boulevard

City: Albany	State: NY	Zip: 12209
Contact: John Powere	Tel: 518 436-3088	

REMOVAL CONTRACTOR:

Address: 17 Warehouse Row

City: Albany	State: NY	Zip: 12205
Contact: Bill Marggi	Tel: 518 435-0700	

OTHER OPERATOR:

Address:

City:	State:	Zip:
Contact:	Tel:	

III. TYPE OF OPERATION (D = Demo, O = Ordered Demo, R = Renovation, E = Emer. Renovation): **R**

IV. IS ASBESTOS PRESENT? (Yes/No) **Yes**

V. FACILITY DESCRIPTION (Include building name, number and floor or room number)

Building Name: Berkshire B2 Maintenance Facility

Address: 751 Rock County Road

City: Old Chatham	State: NY	County: Columbia
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Site Location: 1st floor

Building Size: 5,000	# 1 of floors:	Age in Years: 60
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Present Use: Thruway Main. building Prior Use: thruway main. building

VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:
Bulk Sampling

VII. APPROPRIATE AMOUNT OF ASBESTOS, INCLUDING:	RACM To Be Removed	Nonfriable Asbestos Material Not to be Removed		Indicate Unit of Measurement Below	
1. Regulated ACM to be removed		Cat I	Cat II	UNIT	
2. Category I ACM not removed					
3. Category II ACM not removed				LnFt: 90	Ln m:
Pipes				SqFt: 1,200	Sq m:
Surface Area				CuFt:	Cu m:
Vol RACM Off Facility Compound					

VIII. SCHEDULED DATES ASBESTOS REMOVAL (mm/dd/yy) Start: 9/12/16 Complete: 10/12/16

IX. SCHEDULED DATES DEMO/RENOVATION (mm/dd/yy) Start: Complete:

Notification of Demolition and Renovation (continued)

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:
Asbestos to be removed by wet methods in accordance to NYS Industrial code rule 56.

XII. WASTE TRANSPORTER # 1

Name: Jupiter Environmental Services, Inc.

Address: 17 Warehouse Row

City: Albany

State: NY

Zip: 12205

Contact Person:

Tel: (518) 435-0700

WASTE TRANSPORTER # 2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Minerva Landfill

Address: 9000 Minerva Road

City: Waynesburg

State: OH

Zip: 44688

Telephone: 330-866-3435

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name:

Title:

Authority:

Date of Order (mm/dd/yy):

Date Ordered to Begin (mm/dd/yy):

XV. FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (mm/dd/yy):

Description of the Sudden, Unexpected Event:

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER. If it crumbles, it will be contained and treated as friable.

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)

(Signature of Owner/Operator)

8/25/16

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

(Signature of Owner/Operator)

8/25/16

(Date)

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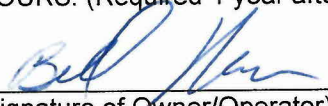

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	Name: Jupiter Environmental Services, Inc.		
	Address: 17 Warehouse Row		
	City: Albany	State: NY	Zip: 12205
	Contact Person:	Tel: (518) 435-0700	
	WASTE TRANSPORTER # 2		
	Name:		
	Address:		
	City:	State:	Zip:
	Contact Person:	Tel:	
XIII.	WASTE DISPOSAL SITE		
	Name: Minerva Landfill		
	Address: 9000 Minerva Road		
	City: Waynesburg	State: OH	Zip: 44688
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